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CONFIRMATION NO. 5865

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APPLICANTS Yasuo Kotsuchibashi, Kanagawa, JAPAN; Takako Kotsuchibashi, Kanagawa, JAPAN; Sunao Kotsuchibashi, Kanagawa, JAPAN; Atsushi Kotsuchibashi, Kanagawa, JAPAN; Makoto Kotsuchibashi, Kanagawa, JAPAN;				
** CONTINUING DATA ***** This application is a 371 of PCT/JP04/07539 05/26/2004				
** FOREIGN APPLICATIONS *****				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY JAPAN	SHEETS DRAWING 22	TOTAL CLAIMS 12
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 1		
ADDRESS 28107				
TITLE Articulation navigation equipment for dental surgery				
FILING FEE RECEIVED 2290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	